

**Monthly Rates** 

Effective 1/1/2018 to 12/31/2018

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,006.35
Member & Spouse/Partner	\$2,012.71
Family	\$2,878.18
Parent & Child	\$1,871.82
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	,
Single	\$1,006.35
Member & Spouse/Partner	\$2,012.71
Family	\$2,878.18
Parent & Child	\$1,871.82
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$958.02
Member & Spouse/Partner	\$1,916.04
Family	\$2,739.94
Parent & Child	\$1,781.92
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	•
Single	\$958.02
Member & Spouse/Partner	\$1,916.04
Family	\$2,739.94
Parent & Child	\$1,781.92
AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$922.76
Member & Spouse/Partner	\$1,845.53
Family	\$2,639.12
Parent & Child	\$1,716.35
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	•
Single	\$913.56
Member & Spouse/Partner	\$1,827.12
Family	\$2,612.78
Parent & Child	\$1,699.22
PRESCRIPTION DRUG PROGRAM #201	
Single	\$278.59
Member & Spouse/Partner	\$557.17
Family	\$796.78
Parent & Child	\$518.18



### **Monthly Rates**

Effective 1/1/2018 to 12/31/2018

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	į.
Single	\$929.79
Member & Spouse/Partner	\$1,859.59
Family	\$2,659.21
Parent & Child	\$1,729.42
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$929.79
Member & Spouse/Partner	\$1,859.59
Family	\$2,659.21
Parent & Child	\$1,729.42
AETNA HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$852.09
Member & Spouse/Partner	\$1,704.18
Family	\$2,436.98
Parent & Child	\$1,584.89
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$843.57
Member & Spouse/Partner	\$1,687.15
Family	\$2,412.64
Parent & Child	\$1,569.06
PRESCRIPTION DRUG PROGRAM #205	
Single	\$252.67
Member & Spouse/Partner	\$505.35
Family	\$722.63
Parent & Child	\$469.96



**Monthly Rates** 

Effective 1/1/2018 to 12/31/2018

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$873.82
Member & Spouse/Partner	\$1,747.65
Family	\$2,499.15
Parent & Child	\$1,625.32
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$873.82
Member & Spouse/Partner	\$1,747.65
Family	\$2,499.15
Parent & Child	\$1,625.32
AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$801.27
Member & Spouse/Partner	\$1,602.54
Family	\$2,291.64
Parent & Child	\$1,490.36
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$793.25
Member & Spouse/Partner	\$1,586.50
Family	\$2,268.70
Parent & Child	\$1,475.45
PRESCRIPTION DRUG PROGRAM #206	
Single	\$257.14
Member & Spouse/Partner	\$514.26
Family	\$735.43
Parent & Child	\$478.29



### **Monthly Rates**

Effective 1/1/2018 to 12/31/2018

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$751.49
Member & Spouse/Partner	\$1,502.99
Family	\$2,149.27
Parent & Child	\$1,397.78
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$751.49
Member & Spouse/Partner	\$1,502.99
Family	\$2,149.27
Parent & Child	\$1,397.78
AETNA HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$689.09
Member & Spouse/Partner	\$1,378.19
Family	\$1,970.81
Parent & Child	\$1,281.72
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$682.18
Member & Spouse/Partner	\$1,364.37
Family	\$1,951.05
Parent & Child	\$1,268.87
PRESCRIPTION DRUG PROGRAM #207	
Single	\$231.42
Member & Spouse/Partner	\$462.85
Family	\$661.89
Parent & Child	\$430.46

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions



### **Monthly Rates**

Effective 1/1/2018 to 12/31/2018

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,209.74
Member & Spouse/Partner	\$2,419.48
Family	\$3,459.87
Parent & Child	\$2,250.12
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,209.74
Member & Spouse/Partner	\$2,419.48
Family	\$3,459.87
Parent & Child	\$2,250.12
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	·
Single	\$1,151.63
Member & Spouse/Partner	\$2,303.30
Family	\$3,293.67
Parent & Child	\$2,142.04
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,151.63
Member & Spouse/Partner	\$2,303.30
Family	\$3,293.67
Parent & Child	\$2,142.04
AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,190.53
Member & Spouse/Partner	\$2,381.07
Family	\$3,404.91
Parent & Child	\$2,214.38
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	·
Single	\$1,181.32
Member & Spouse/Partner	\$2,362.65
Family	\$3,378.58
Parent & Child	\$2,197.26
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	·
Single	\$1,111.24
Member & Spouse/Partner	\$2,222.45
Family	\$3,178.15
Parent & Child	\$2,066.91
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,111.24
Member & Spouse/Partner	\$2,222.45
Family	\$3,178.15
Parent & Child	\$2,066.91



### **Monthly Rates**

Effective 1/1/2018 to 12/31/2018

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

Member & Spouse/Partner   \$2,209.53		
Single   S1,104.76   S2,209.53   S2,209.54   S5,209.54   S5,209.	PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Member & Spouse/Partner   \$2,209.53	AETNA HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Family \$3,159.61 Parent & Child \$2,054.85  HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment  Single \$1,096.24  Member & Spouse/Partner \$2,192.50  Family \$3,155.27  Parent & Child \$2,039.02  AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment  Single \$1,055.27  Member & Spouse/Partner \$2,110.51  Family \$3,018.09  Parent & Child \$1,962.81  NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment  Single \$1,055.27  Member & Spouse/Partner \$2,110.51  Family \$3,018.09  Parent & Child \$1,962.81  NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment  Single \$1,055.27  Member & Spouse/Partner \$2,110.51  Family \$3,018.09  Parent & Child \$1,962.81  AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment  Single \$1,055.27  Member & Spouse/Partner \$2,110.51  Family \$3,018.09  Parent & Child \$1,962.81  AETNA HMO2030 #064 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment  Single \$1,056.40  Member & Spouse/Partner \$2,116.80  Family \$3,027.07  Parent & Child \$1,968.65  HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment  Single \$1,050.40  Member & Spouse/Partner \$2,100.76  Family \$3,004.14  Parent & Child \$1,963.74  AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment  Single \$9,105.74  AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment  Single \$9,14.80  Member & Spouse/Partner \$1,829.58  Family \$2,616.33	Single	\$1,104.76
Parent & Child	Member & Spouse/Partner	\$2,209.53
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	Family	\$3,159.61
Single         \$1,096.24           Member & Spouse/Partner         \$2,192.50           Family         \$3,135.27           Parent & Child         \$2,039.02           AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,055.27           Member & Spouse/Partner         \$2,110.51           Family         \$3,018.09           Parent & Child         \$1,962.81           NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,055.27           Member & Spouse/Partner         \$2,110.51           Family         \$3,018.09           Parent & Child         \$1,962.81           AETNA HM02030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,058.42           Member & Spouse/Partner         \$2,106.80           Family         \$3,027.07           Parent & Child         \$1,968.65           HORIZON HM02030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,050.40           Member & Spouse/Partner         \$2,100.76           Family         \$3,004.14           Parent & Child         \$1,953.74           AETNA FREEDO	Parent & Child	\$2,054.85
Member & Spouse/Partner         \$2,192.50           Family         \$3,135.27           Parent & Child         \$2,039.02           AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,055.27           Member & Spouse/Partner         \$2,110.51           Family         \$3,018.09           Parent & Child         \$1,962.81           NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,055.27           Member & Spouse/Partner         \$2,110.51           Family         \$3,018.09           Parent & Child         \$1,962.81           AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,058.42           Member & Spouse/Partner         \$2,116.80           Family         \$3,027.07           Parent & Child         \$1,968.65           HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,050.40           Member & Spouse/Partner         \$2,100.76           Family         \$3,004.14           Parent & Child         \$1,953.74           AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copa	HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Family	Single	\$1,096.24
Parent & Child   \$2,039.02     AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	Member & Spouse/Partner	\$2,192.50
AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	Family	\$3,135.27
Single       \$1,055.27         Member & Spouse/Partner       \$2,110.51         Family       \$3,018.09         Parent & Child       \$1,962.81         NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,055.27         Member & Spouse/Partner       \$2,110.51         Family       \$3,018.09         Parent & Child       \$1,962.81         AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,058.42         Member & Spouse/Partner       \$2,116.80         Family       \$3,027.07         Parent & Child       \$1,968.65         HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,829.58         Family Spouse/Partner       \$1,829.58         Family Spouse	Parent & Child	\$2,039.02
Member & Spouse/Partner         \$2,110.51           Family         \$3,018.09           Parent & Child         \$1,962.81           NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,055.27           Member & Spouse/Partner         \$2,110.51           Family         \$3,018.09           Parent & Child         \$1,962.81           AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         \$1,058.42           Member & Spouse/Partner         \$2,116.80           Family         \$3,027.07           Parent & Child         \$1,966.65           HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         \$1,050.40           Member & Spouse/Partner         \$2,100.76           Family         \$3,004.14           Parent & Child         \$1,953.74           AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment           Single         \$914.80           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33           Parent & Child         \$1,701.53           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33           NJ DIRECT2035	AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Parent & Child   \$1,962.81	Single	\$1,055.27
Parent & Child         \$1,962.81           NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,055.27           Member & Spouse/Partner         \$2,110.51           Family         \$3,018.09           Parent & Child         \$1,962.81           AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         \$1,058.42           Single         \$1,058.42           Member & Spouse/Partner         \$2,116.80           Family         \$3,027.07           Parent & Child         \$1,968.65           HORIZON HM02030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         \$1,050.40           Member & Spouse/Partner         \$2,100.76           Family         \$3,004.14           Parent & Child         \$1,953.74           AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment           Single         \$914.80           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33           Parent & Child         \$1,701.53           NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment           Single         \$914.80           Member & Spouse/Partner         \$1,829.58	Member & Spouse/Partner	\$2,110.51
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care   \$30 Specialist Care Copayment   \$1,055.27	Family	\$3,018.09
Single       \$1,055.27         Member & Spouse/Partner       \$2,110.51         Family       \$3,018.09         Parent & Child       \$1,962.81         AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,058.42         Member & Spouse/Partner       \$2,116.80         Family       \$3,027.07         Parent & Child       \$1,968.65         HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	Parent & Child	\$1,962.81
Member & Spouse/Partner       \$2,110.51         Family       \$3,018.09         Parent & Child       \$1,962.81         AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,058.42         Member & Spouse/Partner       \$2,116.80         Family       \$3,027.07         Parent & Child       \$1,968.65         HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         N DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment       \$914.80         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Family         \$3,018.09           Parent & Child         \$1,962.81           AETNA HM02030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,058.42           Member & Spouse/Partner         \$2,116.80           Family         \$3,027.07           Parent & Child         \$1,968.65           HORIZON HM02030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,050.40           Member & Spouse/Partner         \$2,100.76           Family         \$3,004.14           Parent & Child         \$1,953.74           AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         \$1,829.58           Family         \$2,616.33           Parent & Child         \$1,701.53           NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         \$1,701.53           NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         \$914.80           Single         \$914.80           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33	Single	\$1,055.27
Parent & Child       \$1,962.81         AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,058.42         Member & Spouse/Partner       \$2,116.80         Family       \$3,027.07         Parent & Child       \$1,968.65         HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Member & Spouse/Partner	\$2,110.51
AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,058.42         Member & Spouse/Partner       \$2,116.80         Family       \$3,027.07         Parent & Child       \$1,968.65         HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Family	\$3,018.09
Single       \$1,058.42         Member & Spouse/Partner       \$2,116.80         Family       \$3,027.07         Parent & Child       \$1,968.65         HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Parent & Child	\$1,962.81
Member & Spouse/Partner       \$2,116.80         Family       \$3,027.07         Parent & Child       \$1,968.65         HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Sand	Single	\$1,058.42
Parent & Child       \$1,968.65         HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment         Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Member & Spouse/Partner	\$2,116.80
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment           Single         \$1,050.40           Member & Spouse/Partner         \$2,100.76           Family         \$3,004.14           Parent & Child         \$1,953.74           AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         \$914.80           Single         \$914.80           Member & Spouse/Partner         \$1,701.53           NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment           Single         \$914.80           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33	Family	\$3,027.07
Single       \$1,050.40         Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Parent & Child	\$1,968.65
Member & Spouse/Partner       \$2,100.76         Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Family       \$3,004.14         Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Single	\$1,050.40
Parent & Child       \$1,953.74         AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Member & Spouse/Partner	\$2,100.76
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Family	\$3,004.14
Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	Parent & Child	\$1,953.74
Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33         Parent & Child       \$1,701.53         NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         Single       \$914.80         Member & Spouse/Partner       \$1,829.58         Family       \$2,616.33	AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Family         \$2,616.33           Parent & Child         \$1,701.53           NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment         \$914.80           Single         \$914.80           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33	Single	\$914.80
Parent & Child         \$1,701.53           NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment           Single         \$914.80           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33	Member & Spouse/Partner	\$1,829.58
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment           Single         \$914.80           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33	Family	\$2,616.33
Single         \$914.80           Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33	Parent & Child	\$1,701.53
Member & Spouse/Partner         \$1,829.58           Family         \$2,616.33	NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Family \$2,616.33	Single	\$914.80
•	Member & Spouse/Partner	\$1,829.58
Parent & Child \$1,701.53	Family	\$2,616.33
	Parent & Child	\$1,701.53



**Monthly Rates** 

Effective 1/1/2018 to 12/31/2018

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
AETNA HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	WONTHLY HATES
Single	\$920.52
Member & Spouse/Partner	\$1,841.04
Family	\$2,632.70
Parent & Child	\$1,712.18
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$913.61
Member & Spouse/Partner	\$1,827.23
Family	\$2,612.95
Parent & Child	\$1,699.33

For copayments and deductibles, please refer to the Plan Design Charts on our website at: www.nj.gov/treasury/pensions